STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

RECEIVED

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobb	yist's partnership, fi	rm or corporation, if a	ny:	
Orr & Reno,	P.A.			
	(Name of partnership, I	irm or corporation)		
46.6.34 : 0		50 0 1	N. 11. 1	02202
45 S. Main S Business Address:	treet, P.O. Box 35 (Street)	50 Concord (Town/City)	NH (State)	03302 (Zip Code)
business Address:	(Sirect)	(Town/City)	(State)	(Zip Code)
(603) _224-238	31	(603) 224-2318	e-mail lnadeau@	vorr-reno.com
(Telepho		(Fax)	
reportable expen	se transactions whic	ch are not attributable		
All reportable	transactions occurring	g in the months prior to	the reporting date relative to the	e following client:
Cigna				
0.0	(Full Name of C	lient as it appears on the Lo	obbyist Registration Form)	
<u>OR</u>				
All reportable unrelated to any p		bbyist (including the lot	obyist's family), or the lobbying	firm listed below which are
IV. Date of Repo	•		July 25, 2018 🛣	
Reports cover:	activity from date of re	gistration to 3/31/18	activity from 4/1/18 to 6/30/18	
	October 31, 20 activity from 7/1/1		January 30, 2019 ☐ activity from 10/1/18 to 12/31/	718
	ked, complete just thi.		e transactions made since the Secretary of State's Office, St	
VI. Check if add	itional reports are a	ttached:		
	•		file Addendum A- Fees and Ex	penses
•	aid an honorarium or	• • •	ou must file Addendum B- Rep	
☐ If you, your f	īrm, or your family h	as made political contrib	outions, you must file Addendu	m C- Political Contributions
I have read RSA	t/Affirmation by Lo 15, RSA 15-B, RSA 1 he best of my knowle	4-C and RSA 664 and I	nereby swear or affirm that the fo	oregoing information is true
Signature of lob	hvist)		<u>07/25/18</u> (Date	
Lindsay E. N (Print Name of k	adeau		(24.	•

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P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

11. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
(Name of partnership, tirm of corporation)		
III. Name of Client <u>Cigna</u>	Date0	7/25/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or	public relations servi-
a) Total of all fees received in this reporting period	a) \$	15,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		14,900.00
c) Total of all fees received to date (Add lines a and b)	c) \$	29,900.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if exmay be filed e aggregate to expenses; (b) the clear than \$10 the clear than \$10 the clear than \$25, bs, expense reir	spenditures are made for the lobbyist(s)/fin tal of all expenses pene aggregate total of hased during a busing at is given to the perse of \$25.00 or less); a f greater than \$25.00 than \$25, purchase of ut not greater than \$ nbursement, or politi
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$100.00
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
<u></u>	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	3 3
Madeen	07/25/18
(Signature offlobbyist)	(Date)
Lindsay E. Nadeau (Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Cigna Date of Report (check one): April 25, 2018 July 25, 2018 🔯 October 31, 2018 January 30, 2019 □ I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): j Addendum A(s). Addendum B(s). Addendum C(s). I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. _Lindsay E. Nadeau_